

**COVER PAGE**

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NAME OF FILER (LAST)	(FIRST)	2019 APR -4 AM (MIDDLE)
Maat	Paula	Beth

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)	DEPT OF CONSERVATION NATURAL RESOURCES
Department of Conservation	
Division, Board, Department, District, if applicable	Your Position
Division of Oil, Gas and Geothermal Resources	Engineering Geologist

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

<input checked="" type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

**3. Type of Statement (Check at least one box)**

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. -or- The period covered is ____/____/_____, through December 31, 2018.	<input type="checkbox"/> Leaving Office: Date Left ____/____/ (Check one circle.)  <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office.  <input type="radio"/> The period covered is ____/____/_____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/_____	
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
26 Loma Avenue, Unit 7		Long Beach	CA	90803
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 714 ) 699-0648	paula.maat@conservation.ca.gov			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/2/2019  
(month, day, year)

Signature Maat  
(File the originally signed paper statement with your filing official.)